

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of each, in order of birth stated.

PLACE OF BIRTH		ARIZONA STATE BOARD OF HEALTH	
BUREAU OF VITAL STATISTICS		ORIGINAL CERTIFICATE OF BIRTH	
1. County of _____	State Index No. <u>116</u>	County Registrar No. <u>1447</u>	
District of _____	Local Registrar No. _____	St. _____ Ward _____	
Town of _____	(If birth occurred in a hospital or institution, give its NAME instead of street and number)		
or	No. _____		
City of _____	If child is not yet named, make supplemental report, as directed.		
2. Full name of child <u>Roberto Corrales</u>			
3. Sex of Child <u>M</u>	To be answered ONLY in event of plural births.	4. Twin, triplet or other _____	5. Legitimate? <u>yes</u>
6. Date of birth <u>4-3-24</u>	Month _____ day _____ year _____	7. No. in order of birth _____	
8. FATHER Full name <u>Felix Corrales</u>		14. MOTHER Full maiden name <u>Ramona Vivarria</u>	
9. Residence (Usual place of abode) <u>Miami</u> If nonresident, give place and state		15. Residence (Usual place of abode) <u>Miami</u> If nonresident, give place and state	
10. Color or race <u>Mexican</u>		16. Color or race <u>Mexican</u>	
11. Age at last birthday <u>32</u> (Years)		17. Age at last birthday <u>22</u> (Years)	
12. Birthplace (city or place) <u>Mexico</u> (State or country)		18. Birthplace (city or place) <u>Mexico</u> (State or country)	
13. Occupation <u>Miner</u> Nature of industry		19. Occupation <u>house work</u> Nature of industry	
20. Number of children of this mother <u>4</u> (Taken as of time of birth of child herein certified and including this child.) (a) Born alive and now living _____ (b) Born alive but now dead _____ (c) Stillborn _____		21. Were precautions taken against ophthalmia neonatorum? <u>yes</u>	
CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*			
I hereby certify that I attended the birth of this child, who was _____ (Born alive or stillborn.) at _____ on the date above stated.			
*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidences of life after birth. Given name added from a supplemental report _____		Signature <u>C. E. Dyer</u> (Physician or midwife)	
Month, day, year. _____		Filed <u>June 30</u> 19 <u>24</u> <u>C. E. Dyer</u> Local Registrar.	
Registrar. _____		Filed <u>JUL 5</u> 19 <u>24</u> <u>B. S. G. A.</u> County Registrar.	

932-603-941